

Unexplained Death Quicksheet



This document was compiled in response to requests from several LHDs for guidance on reporting unexplained deaths potentially due to infectious disease and how to collect laboratory specimens for these cases.

Factors suggestive of infectious etiology

- Laboratory hallmarks of infection (e.g. fever, leukocytosis, lymphopenia).
- History suggestive infection (e.g., fever).
- An unknown etiology after initial testing.
- One or more of the following syndromes:
 - Respiratory
 - Pneumonia
 - Hemorrhagic mediastinitis
 - ARDS
 - Neurologic
 - encephalitis
 - meningitis
 - Myocarditis
 - Acute hepatitis or fulminant hepatic necrosis.
 - Rash
 - diffuse cutaneous lesions (e.g., macular, papular, vesicular, pustular, petechial, hemorrhagic)
 - eschar

Case reporting

For local health departments: Cases can be reported via CalREDIE, under “Unusual/Other Disease.”

For Coroners: Please contact your local health department for information about how to report cases.

Laboratory testing

CDPH will work with local health departments to ensure that the appropriate testing is performed. It is important that specimens are collected in a timely manner and stored appropriately.

Specimens can either be shipped directly to CDPH or to the local public health laboratory; *each LHD will determine whether or not specimens should first come to their local public health laboratory.*

- Hospital specimens: if the deceased person was hospitalized prior to death, the hospital should save all residual specimens, including;
 - Nasopharyngeal/throat swab in viral transport media
 - Serum
 - Whole blood
 - Lower respiratory specimen (e.g., sputum, BAL, or pleural fluid)
 - If applicable: CSF, urine, stool
 - Biopsy specimens
- Autopsy specimens: if an autopsy was performed, the following specimens are most useful:
 - **Fresh frozen tissues (for molecular testing).** Priority should be given to tissues from the primary affected organ (e.g., heart from a myocarditis case or lung from a pneumonia/acute respiratory distress syndrome case).
 - If pathology is noted by gross exam or preliminary histopathology, these tissues are particularly advantageous for testing.
- Syndrome-specific specimens: if more than one syndrome is present, submit specimens for all syndromes. Serum, urine, and whole blood should always be submitted, if available.
 - **Respiratory** (lung tissue, deep lung swab, nasopharyngeal swab).
 - **Neurologic** (brain tissue, cerebrospinal fluid, nasopharyngeal swab).
 - **Myocarditis** (heart tissue).
 - **Hepatitis** (liver tissue).
 - **Rash** (skin tissue from affected area, deep swab from affected tissue).

- **Shipping guidelines:**

- Fresh frozen samples should be shipped on dry ice if possible.
- Specimens should be sent overnight to:

California Department of Public Health - VRDL
ATTN: Specimen Receiving
850 Marina Bay Parkway
Richmond, CA 94804

Please include the Specimen Submittal Form with shipment.

<http://www.cdph.ca.gov/programs/vrdl/Documents/VRDL-LAB300%20General%20Purpose%20Specimen%20Submittal%20form.doc>

Additional shipping guidance, including packaging instructions can be found here:

<http://www.cdph.ca.gov/programs/vrdl/Pages/Post-mortemSpecimenCollectionandSubmission.aspx>

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